

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

50M-5-17-39

Rev. 5-17-39

11 x 18 1/2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9048
Registrar's No. 2531

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Harold Edgar Gay
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carrie Gay 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November Oct., 28-1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 18 If less than one day hr. min.

9. Birthplace La Salle County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Missouri Pacific R.R.

12. Name William Gay

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Caroline Tate

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Gay

(b) Address 436 W. 6th St. Concordia Kan.

17. (a) Removal (b) Date thereof 3/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenleaf Kansas.

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) 3/17/40 (b) J. B. Blackship
(Date received by registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cloud
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. 436 W. 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16
year 1940 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-10-, 1940 to 3-16, 1940
that I last saw him alive on 3-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Hypertensive heart disease
Fractured left hip.
Due to Fractured left hip.
Due to Fractured left hip.

Other conditions Fractured left hip.
(Include pregnancy within 3 months of death)

Major findings: Fractured left hip.
Of operations Fractured left hip.

Of autopsy Fractured left hip.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide (specify) accident.

(b) Date of occurrence 3-6-40

(c) Where did injury occur? Concordia (City or town) Kansas (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

(Specify type of place) (e) Means of injury Pt. fell.

23. Signature Geo. W. Blackship (M. D. or other) MD

Address 1755 S. Grand Date signed 3-16-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.